



CalPERS School Employer Advisory Committee

Health Invoice Reconciliation
Presented by Andrea W. Patterson
February 4, 2009



AGENDA

- School Employer Billing
 - ☐ Monthly Invoice
 - ☐ Participant Report for Active Employees
 - ☐ Participant Report for Retirees
 - ☐ Invoice Totals
 - ☐ View Enrollment Details in Participant Inquiry
 - ☐ View Deduction Details
 - ☐ Status Change Report
- ACES
- Business Rules
 - ☐ Ten Month Employee Rules
 - ☐ Legislation (AB 2383) Regarding STRS Survivors Not Left An Allowance
 - ☐ Managing Your Account

Monthly Invoice



California Public Employees' Retirement System
P.O. Box 1982
Sacramento, CA 95812-1982
Telecommunications Device for the Deaf: (916) 795-3240
888-CalPERS (or 888-225-7377)

Business Unit: 1800
Customer Id: 0202-123
Statement Number: 456
Statement Date: 01/15/2009

HEALTH PREMIUM INVOICE

ABC County Office of Education
Charlotte King
1234 XYZ Rd
Sacramento, CA 90210

Employer Code: 0202

Unit Code: 123

Invoice ID	Description	Coverage Month	Amount
H2009020202123	Total Active	02/2009	\$ 289,202.88
	Employer Share for Retired (\$33,755.19)		\$ 4,772.25
	Administrative Costs (0.450% of premium)		\$ 1,453.31
	SubTotal		\$ 295,428.44

Administrative fees

Current charges for active employees

Current employer charges for retirees

Previous unpaid balance

H2009020202123	Previous Amount Due	01/2009	\$ 10,499.26
	Assessed Interest on Unpaid Balances		\$ 44.03
	Total Adjustments		\$ (1,712.85)
	Payments Applied		\$ (8,830.46)
	SubTotal		\$ 0.00

Assessed interest on unpaid balances

Total Payment Due by 02/10/2009 \$ 295,428.44

Total amount owed

Participant Report for Active Employees

Public Agency Billing - Participant Report

Participant Report

Organization Name: 0202-123 ABC Co. Off

Retirement System: PERS

Participant Status: Active

As of Date: 02 / 01 / 2009

Get Data

Reports return a significant amount of data. The query result may take up to 4 minutes.
Please wait while we process your query.

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Total Number of Participants: 353

Total Premium Amount: \$236,895.21

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Name	SSN	Barg Unit	Plan	Premium
Adente, Marcus	741-25-8963	001	3073	\$1,351.01
Blatch, Stanford	456-12-3789	001	3033	\$1,479.43
Bradshaw, Carrie	111-55-9999	001	3031	\$569.01
Brady, Steven	888-22-5555	001	3072	\$1,039.24
Cameron, Lynne	333-66-7777	001	3071	\$519.62
Frick, Enid	258-96-1111	001	3051	\$508.30
Goldenblatt, Harry	222-33-9999	001	3071	\$519.62
Hobbes, Miranda	555-77-2222	002	3031	\$569.01
Jones, Samantha	444-69-7777	001	3201	\$482.48
Jones Samantha	111-88-2222	001	3202	-\$964.96
Marentino, Anthony	666-85-7777	001	3201	\$482.48
Marentino, Anthony	944-77-8888	001	3031	\$569.01
Shaw, Aiden	333-55-2222	001	3031	\$569.01
York, Charlotte	777-66-3333	002	3032	\$1,138.02
York, Charlotte	444-77-1111	001	3011	\$560.57
		001	3072	\$1,039.24
		001	3031	\$569.01
		001	3031	\$569.01

Public Agency Billing - Participant Report

Participant Report

Organization Name: 0202-123 ABC Co. Off

Retirement System: STRS

Participant Status: Active

As of Date: 02 / 01 / 2009

Get Data

Reports return a significant amount of data. The query result may take up to 4 minutes.
Please wait while we process your query.

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Total Number of Participants: 68

Total Premium Amount: \$52,307.67

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Name	SSN	Barg Unit	Plan	Premium
Adams, John	111-11-1111	002	3071	\$519.62
Feeny, George	222-22-2222	002	3071	\$519.62
Hunter, Shawn	333-33-3333	001	3071	\$519.62
Lawrence, Topanga	444-44-4444	001	3011	\$560.57
Matthews, Eric	555-55-5555	002	3221	\$501.59
McGuire, Rachel	666-66-6666	002	3031	\$569.01
Minkus, Stuart	777-77-7777	002	3073	\$1,351.01
Moore, Angela	888-88-8888	002	3073	\$1,351.01
Turner, Jonathan	999-99-9999	002	3032	\$1,138.02
Williams, Eli	123-45-6789	001	3073	\$1,351.01
Williams, Eli	123-45-6789	002	3031	\$569.01
Williams, Eli	123-45-6789	002	3071	\$519.62
Williams, Eli	123-45-6789	002	3032	\$1,138.02
Williams, Eli	123-45-6789	002	3272	-\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$1,559.06
Williams, Eli	123-45-6789	002	3272	-\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$1,559.06

Participant Report for Retirees

Public Agency Billing - Participant Report

Participant Report

Organization Name: 0208-031 Co School Servi
Retirement System: PERS
Participant Status: Retired
As of Date: 02 / 01 / 2009

Get Data

Reports return a significant amount of data. The query result may take up to 4 minutes.
Please wait while we process your query.

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Total Number of Participants: 41

Total ER Share Amount: \$3,105.75

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Name	SSN	Barg Unit	Plan	ER Share	Premium
Addy, Zachary	963-85-2147	001	3351	\$75.75	\$404.60
Booth, Seeley	741-25-8963	001	3322	\$75.75	\$698.22
Brennan, Temperance	456-12-3789	001	3324	\$75.75	\$850.70
Cullen, Sam	111-55-9999	001	3031	\$75.75	\$569.01
Epps, Howard	888-22-5555	001	3371	\$75.75	\$404.60
Goodman, Daniel	333-66-7777	001	3131	\$75.75	\$341.44
Hodgins, Jack	258-96-1111	001	3012	\$75.75	\$349.11
Julian, Caroline	222-33-9999	001	0691	\$75.75	\$1,121.14
Keenan, Max	555-77-2222	001	3327	\$75.75	\$304.66
Montenegro, Angela	444-69-7777	001	3327	\$75.75	\$850.70
Perrotta, Peyton	111-88-2222	001	3241	\$75.75	\$525.47
Ryan, Andrew	666-85-7777	001	3141	\$75.75	\$341.44
Saroyan, Camille	944-77-8888	002	3171	\$75.75	\$280.16
Sullivan, Timothy	333-55-2222	001	3221	\$75.75	\$501.59
Sweets, Lance	777-66-3333	001	3347	\$75.75	\$874.58
Wyatt, Gordon	444-77-1111	002	3031	\$75.75	\$569.01
		001	3322	\$75.75	\$698.22
		001	3351	\$75.75	\$404.60
		001	3131	\$75.75	\$341.44
		001	3131	\$75.75	\$341.44
		001	3131	\$75.75	\$341.44

Public Agency Billing - Participant Report

Participant Report

Organization Name: 0202-123 ABC Co. Off
Retirement System: STRS
Participant Status: Retired
As of Date: 02 / 01 / 2009

Get Data

Reports return a significant amount of data. The query result may take up to 4 minutes.
Please wait while we process your query.

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Total Number of Participants: 22

Total ER Share Amount: \$1,666.50

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Name	SSN	Barg Unit	Plan	ER Share	Premium
Casey, Kevin	234-56-7891	002	3372	\$75.75	\$809.20
Clock, Molly	345-67-8912	002	3371	\$75.75	\$404.60
Fisher, Peter	456-78-9123	001	3371	\$75.75	\$404.60
Keaton, Julie	567-89-1234	002	3291	\$75.75	\$816.65
Lemmon, Denise	678-91-2345	002	3351	\$75.75	\$404.60
Marks, Murray	789-12-3456	002	3341	\$75.75	\$349.11
O'Hara, Melody	891-23-4567	002	3134	\$75.75	\$910.45
Sullivan, Jordan	912-34-5678	002	3272	\$67.90	\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$67.90	\$1,559.06
Williams, Eli	123-45-6789	002	3272	-\$67.90	-\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$67.90	\$1,559.06
Williams, Eli	123-45-6789	002	3272	-\$67.90	-\$1,559.06
Williams, Eli	123-45-6789	002	3272	-\$67.90	-\$1,559.06
Williams, Eli	123-45-6789	002	3272	-\$67.90	-\$1,559.06
Williams, Eli	123-45-6789	002	3374	-\$67.90	-\$1,184.13
Williams, Eli	123-45-6789	002	3272	-\$67.90	-\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$67.90	\$1,559.06
Williams, Eli	123-45-6789	002	3374	\$75.75	\$1,184.13
Williams, Eli	123-45-6789	002	3272	\$67.90	\$1,559.06
Williams, Eli	123-45-6789	002	3374	\$67.90	\$1,184.13
Williams, Eli	123-45-6789	002	3272	\$67.90	\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$67.90	\$1,559.06

Invoice Totals



California Public Employees' Retirement System
P.O. Box 1982
Sacramento, CA 95812-1982
Telecommunications Device for the Deaf: (916) 795-3240
888-CalPERS (or 888-225-7377)

Business Unit: 1800
Customer Id: 0202-123
Statement Number: 456
Statement Date: 01/15/2009

HEALTH PREMIUM INVOICE

ABC County Office of Education
Charlotte King
1234 XYZ Rd
Sacramento, CA 90210

Employer Code: 0202 Unit Code: 123

Invoice ID	Description	Coverage Month	Amount
H2009020202123	Total Active	02/2009	\$ 289,202.88
	Employer Share for Retired (\$33,755.19)		\$ 4,772.25
	Administrative Costs (0.450% of premium)		\$ 1,453.31
	SubTotal		\$ 295,428.44
H2009020202123	Previous Amount Due	01/2009	\$ 10,499.26
	Assessed Interest on Unpaid Balances		\$ 44.03
	Total Adjustments		\$ (1,712.85)
	Payments Applied		\$ (8,830.46)
	SubTotal		\$ 0.00
Total Payment Due by 02/10/2009			\$ 295,428.44

The invoice totals include both
PERS and STRS Amounts:

Active: (PERS =\$236,895.21) +
(STRS =\$52,307.67) = \$289,202.88

Employer share for retired:
(PERS=\$3,105.75) + (STRS= \$1,666.50)
= \$4,772.25

Administrative Costs are calculated by
TOTAL RETIRED PREMIUM and total
active premium

Participant Report

Get Data

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Total Premium Amount: \$52,307.67

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McGuire, Rachel	666-66-6666	002	3073	\$1,351.01
Minkus, Stuart	777-77-7777	002	3032	\$1,138.02
Moore, Angela	888-88-8888	002	3073	\$1,351.01
Turner, Jonathan	999-99-9999	001	3031	\$569.01
Williams, Eli	123-45-6789	002	3072	\$1,039.24
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Williams, Eli	123-45-6789	002	3272	\$1,559.06
Williams, Eli	123-45 -6789	002	3272	\$1,559.06
Williams, Eli	123-45 -6789	002	3272	-\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$1,559.06
		002	3272	\$1,559.06

Print Tab

Death Date:

Subscriber	Dependent	Enrollment	Deduction	Employment	Membership	Summary
------------	-----------	------------	-----------	------------	------------	---------

Effective Date	Category	Reason	Name	Plan Code	Proc Status
01/01/2008	Delete Dependent	320 OE Delete Dependent	Morgan Adams	3071	Applied
01/01/2008	Delete Dependent	320 OE Delete Dependent	Jane Adams	3072	Applied
10/01/2007	Add Dependent	212 Add Dependent Other	Jane Adams	3073	Applied
10/01/2007	Add Dependent	212 Add Dependent Other	Morgan Adams	3072	Applied
10/01/2007	New Enrollment	100 Time Base & Tenure	Jane Adams	3071	Applied
10/01/2001	Cancellation	812 Perm Sep: Batch Cancel	John Adams		Applied
10/01/2001	Cancellation	812 Perm Sep: Batch Cancel	Jane Adams		Applied
01/01/1999	Change Plan	400 Open Enrollment Plan Chg	John Adams	2222	Applied
10/01/1994	New Enrollment	997 Conversion: To Covered	Jane Adams	2382	Applied
10/01/1994	New Enrollment	997 Conversion: To Covered	John Adams	2381	Applied

[Show Rescinded Actions](#)

Reason:	OE Delete Dependent	Premium Pymt Mthd:	Standard
Coverage Type:		HBO Received Date:	10/09/2007
Plan:	Kaiser North	Event Date:	10/09/2007
Relationship:	Child	Change Date:	10/09/2007
Birth Date:	12/26/1986	Create Date:	10/09/2007
		Username:	2234CHER

View Deduction Details

Public Agency Billing - Participant Report

Participant Report

Organization Name: 0202-123 ABC Co. Off
Retirement System: STRS
Participant Status: Active
As of Date: 02 / 01 / 2009

Reports return a significant amount of data. The query result may take up to 4 minutes.
Please wait while we process your query.

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Total Number of Participants: 68

Total Premium Amount: \$52,307.67

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Minkus, Stuart	777-77-7777	002	3073	\$1,351.01
Moore, Angela	888-88-8888	002	3032	\$1,138.02
Turner, Jonathan	999-99-9999	002	3073	\$1,351.01
Williams, Eli	123-45-6789	001	3031	\$569.01
Williams, Eli	123-45-6789	002	3072	\$1,039.24
Williams, Eli	123-45-6789	002	3031	\$569.01
Williams, Eli	123-45-6789	002	3071	\$519.62
Williams, Eli	123-45-6789	002	3032	\$1,138.02
Williams, Eli	123-45-6789	002	3272	-\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$1,559.06
Williams, Eli	123-45-6789	002	3272	-\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$1,559.06
Williams, Eli	123-45-6789	002	3272	\$1,559.06

[\[Help Menu\]](#) [\[Screen Help\]](#)

[View Participant Information](#)

Extract Date/Time: 01/26/2009 03:00 AM

Participant Inquiry

SSN: 111 - 11 - 1111

As Of: 02 / 01 / 2009

Name: John Adams

Birth Date: 11/16/1955

Gender: Male

HBO Phone: (555) 555-1234

Retiree: No

Death Date:

[Subscriber](#) [Dependent](#) [Enrollment](#) [Deduction](#) [Employment](#) [Membership](#) [Summary](#)

Deduction History

Agency/Unit	Pay PD	Pymnt Start	Pymnt End	Plan Code	Premium	ERShare	EEShare	Medicare	Adj
208/	2009/01	02/01/2009	//	3071	\$519.62	\$519.62	\$0.00	\$0.00	N
208/	2008/12	01/01/2009	//	3071	\$519.62	\$519.62	\$0.00	\$0.00	N
208/	2008/11	12/01/2008	//	3071	\$481.14	\$481.14	\$0.00	\$0.00	N
208/	2008/10	11/01/2008	//	3071	\$481.14	\$481.14	\$0.00	\$0.00	N
208/	2008/09	10/01/2008	//	3071	\$481.14	\$481.14	\$0.00	\$0.00	N
208/	2008/08	09/01/2008	//	3071	\$481.14	\$481.14	\$0.00	\$0.00	N
208/	2008/07	08/01/2008	//	3071	\$481.14	\$481.14	\$0.00	\$0.00	N
208/	2008/06	07/01/2008	//	3071	\$481.14	\$481.14	\$0.00	\$0.00	N
208/	2008/05	06/01/2008	//	3071	\$481.14	\$481.14	\$0.00	\$0.00	N
208/	2008/04	05/01/2008	//	3071	\$481.14	\$481.14	\$0.00	\$0.00	N

[Next>](#) [Last>>](#)

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Coverage Start:	02/01/2009	Pay Entity:	PA Billing
Coverage End:	02/28/2009	Premium Pymt Mthd:	Standard
Health Pretax Type:			

Status Change Report

Public Agency Billing - Status Change Report

Status Change Report

Organization Name: 0202-123 ABC Co. Off
Retirement System: STRS
Participant Status: Active
Category: ALL
Start Date: 12 / 01 / 2008 End Date: 12 / 31 / 2008

Reports return a significant amount of data. The query result may take up to 4 minutes.
Please wait while we process your query.

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Total Number of Transactions: 2

Total Premium Amount: \$1,924.56

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Name	SSN	Adj Date	Eff Date	Category	Plan	Premium
Berman, Walter	222-33-4444	12/02/2008	11/01/2008	New Enroll	3072	\$962.28
Berman, Walter	222-33-4444	12/02/2008	11/01/2008	Cancellation	3072	\$962.28




ACES

- Batch transactions successfully submitted before the cut-off date of each month should reflect on the following month's invoice.
 - Cut-off dates vary and are announced by Circular Letter
 - Contact CalPERS at **(888) CalPERS** (or **888-225-7377**):
 - If batch transactions do not appear within two billing cycles
 - you need a transaction rescinded
 - your participant report doesn't match the invoice



Ten Month Employee Rules

- Employers must report the actual separation date. Failure to do so may jeopardize COBRA eligibility or retiree health benefits for the member.
- When an employee terminates employment, coverage ends or continues for retirees the first of the second month following separation.
- In either situation, if the employer has collected premiums for the additional two months, the employer must refund the premiums to the member so that they can pay their first two months of retiree or COBRA coverage.
- Please refer to section 16-04 in your Public Agency Procedure Manual for additional information.



Legislation (AB 2383) Regarding STRS Survivors Not Left an Allowance

- CalPERS charges the employer 100% of the survivor's premium.
- Charges will appear on the active portion of the employer's invoice.
- Employers must collect from the survivor any premiums due over the contracted employer share.
- Please refer to section 16-05 in your Public Agency Procedure Manual for additional information.



Managing Your Account

- CalPERS is a pass through agency
- What we bill is what we are obligated to pay the carriers
- CalPERS assesses interest on all late payments and underpayments
- Employers may incur additional penalties/termination for continued delinquencies
- Employers must conduct monthly reconciliations of your bill
 - Report mandatory deletions and cancellations must be reported timely (within 6 months of the event date).
 - Refunds are limited to eight months for mandatory deletions and cancellations